

**BLM ACH VENDOR/MISCELLANEOUS PAYMENT  
ENROLLMENT FORM**

This form is used for Automated Clearing House (ACH) payments with an addendum record that carries payment-related information.

**PAPERWORK REDUCTION ACT STATEMENT**

This following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provision 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

**AGENCY INFORMATION (Return forms to address below)**

FEDERAL PROGRAM AGENCY:

**BUREAU OF LAND MANAGEMENT  
NATIONAL BUSINESS CENTER**

ADDRESS:

**DENVER FEDERAL CENTER, BUILDING 50  
P. O. BOX 25047, BC-622  
DENVER, COLORADO 80225-0047**

CONTACT PERSONS: **Jeannie Schuettpelz  
Chris Mast  
Carol Godwin**

TELEPHONE NUMBER: **(303) 236-4176  
(303) 236-4176  
(303) 236-6612**

**RETURN THIS COMPLETED FORM TO THE ADDRESS ABOVE - OR FAX TO (303) 236-6412**

**PAYEE/COMPANY INFORMATION**

NAME & ADDRESS:

FEDERAL TAXPAYER NO. (SSN OR EIN):

CONTACT PERSON NAME:

TELEPHONE NO:  
( )

**FINANCIAL INSTITUTION INFORMATION**

NAME OF BANK:

ADDRESS:

BANK ACH COORDINATOR NAME:

TELEPHONE NUMBER:  
( )

NINE-DIGIT ROUTING TRANSIT NUMBER:

\_\_\_\_ - \_\_\_\_

DEPOSITOR ACCOUNT NUMBER:

NAME ON THE ACCOUNT:

ACCOUNT TYPE:

**G Checking    G Savings**

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:  
(Could be the same as ACH Coordinator)

TELEPHONE NUMBER:  
( )

**Check your business category:**

\_\_\_\_\_ **Individual** (also provide legal personal name [no nickname]) If more than one individual is listed, also indicate which individual is providing the Social Security Number.

\_\_\_\_\_ **Sole Proprietor** (also provide legal personal name (no nickname)).

\_\_\_\_\_ **Partnership** If the partnership uses a trade/business name not recognized by the IRS or if the partnership does not use a trade/business name, provide the names of the partners beginning with the name of the partner listed first on the form on which the IRS assigned the Employer identification Number:

\_\_\_\_\_ **Medical/health Care services Corporation** (or engaged in the billing and collecting of payments for such services)

\_\_\_\_\_ **Non-Medical Corporation**

\_\_\_\_\_ **Other** (e.g. trusts, estates, non-profit organizations, federal, state or local governments):